




NIDDERDALE  
RURAL DISTRICT COUNCIL

# **ANNUAL REPORT**

OF THE  
  
**MEDICAL OFFICER OF HEALTH**  
**AND**  
**CHIEF PUBLIC HEALTH INSPECTOR**

For the Year

**1971**



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RURAL DISTRICT COUNCIL

# **ANNUAL REPORT**

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MEDICAL OFFICER OF HEALTH  
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CHIEF PUBLIC HEALTH INSPECTOR

For the Year

**1971**

## THE HEALTH COMMITTEE

as at 31.12.71

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Chairman: Councillor G. N. Bott

Vice-Chairman: Councillor J. D. Leather

Councillor	Mrs. V. O. Ambler	Councillor	F. Hildreth
„	R. S. Anderson	„	W. Houseman
„	E. T. N. Baker	„	Lady Diana Ingilby
„	Capt. R. C. Barrett	„	Sir Henry Lawson-
„	S. Bellerby		Tancred, J.P.
„	R. C. Burton	„	A. Lyons
„	F. A. Clapham	„	T. J. Nelson,
„	J. H. Dent	„	J. Orton
„	F. Dobson	„	S. E. Parker
„	A. J. Green	„	G. E. Richardson
„	J. A. Hardcastle	„	W. Richardson
„	A. V. Hawkin	„	E. Slater
„	Dr. E. S. N. Hazel	„	T. T. Stephenson
		„	G. R. Yeoman

# **PUBLIC HEALTH OFFICERS OF THE COUNCIL**

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## **Medical Officer of Health:**

N. V. Hepple, M.D., B.S., B.Hy., D.P.H.

## **Deputy Medical Officer of Health:**

Isobel B. Alexander, M.B., Ch.B., D.P.H.

## **Surveyor & Chief Public Health Inspector:**

G. Teale, M.R.S.H., M.A.P.H.I.

Certified Inspector of Meat and other Foods.

## **Deputy Surveyor & Public Health Inspector:**

J. Keir, A.R.S.H., M.A.P.H.I.

Certified Inspector of Meat and other Foods.

## **Additional Public Health Inspector:**

D. J. Hornsey, M.A.P.H.I.

Certified Inspector of Meat and other Foods.

R.S.H. Dip. Air Pollution Control.

## **Clerk of Works & Engineering Assistant:**

A. L. Wilkinson.

## **Pupil Public Health Inspector:**

P. Meysey.

## **Clerical Staff: Surveyor & Health Department:**

Miss D. I. Anderton

Miss J. A. Whitfield

Miss P. Barker

Telephone Number:  
Harrogate 66991.

Nidderdale House,  
Harrogate

To the Chairman and Members of the  
Nidderdale Rural District Council

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present for your consideration the Annual Report on the health of your district and the work of your health department during the year 1971.

As usual the report contains details of the health services provided by the County Council for the area, and the section on the environmental services written by your Chief Public Health Inspector.

Medical Officers of Health, who have been writing reports for well over a century, are due to disappear from the scene in 1974. Local authorities will continue to need medical advice on various matters and arrangements will have to be made for this to be provided by the Community Physician on the staff of the new Area Health Authority who will inherit most of the work at present done by the Medical Officer of Health. Unfortunately, it looks as though the district health service boundaries, which will be based on the catchment areas of district general hospitals, will not invariably coincide with those of the new local government district authorities.

I am most grateful to the Council and members of its staff for much help and kindness during the year.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

N. V. HEPPLÉ,

Medical Officer of Health.



## STATISTICS

Registrar General's estimate of population (mid 1971) ..	17,730
Area (in acres) .. .. .	75,009
Number of inhabited houses, December 31st, 1971	Not available
Rateable value, March 31st, 1971 .. .. .	£542,924
Sum represented by a penny rate, March, 31st, 1971 ..	£2,157

## SOCIAL CONDITIONS OF THE AREA

The area consists of the rural parishes surrounding Harrogate and Knaresborough, together with the flat land lying to the South of the Rivers Ure and Ouse as far east as the City of York boundary. The area is agricultural in character.

## EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1971

<b>Live Births:</b>				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	..	..	..	100	86	186
Illegitimate	..	..	..	3	5	8
Total				103	91	194
Crude birth rate per 1,000 population				..	..	10.9
Adjusted birth rate				..	..	12.5
Comparability Factor				..	..	1.15
<b>Still Births:</b>				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	..	..	..	—	1	1
Illegitimate	..	..	..	—	—	—
Still birth rate per 1,000 total (live and still) births						5.1
<b>Deaths:</b>				<i>Male</i>	<i>Female</i>	<i>Total</i>
				86	83	169
Crude death rate per 1,000 population				..	..	9.5
Adjusted death rate				..	..	9.5
Comparability Factor				..	..	1.00
<b>Maternal Mortality:</b>				<i>Rates per 1,000</i>		
				<i>Deaths</i>	<i>total births</i>	
Puerperal Sepsis	..	..		—	—	
Other Maternal Causes	..			—	—	

<b>Infantile Mortality:</b>				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	..	..	..	3	3	6
Illegitimate	..	..	..	—	—	—

### **Death rate of infants under 1 year of age:**

All infants per 1,000 live births	..	..	..	30.9
Legitimate infants per 1,000 legitimate births	..	..	..	32.3
Illegitimate infants per 1,000 illegitimate births	..	..	..	—

## **NOTES ON VITAL STATISTICS**

### **Births:**

The birth rate of 12.6 was lower than in 1970 and lower than the national rate of 16.0.

### **Deaths**

The death rate of 9.5 was lower than the rate for the previous year which was 10.4. The rate for England and Wales was 11.6

The principal causes of death were as follows:—

Heart diseases (excepting Ischaemic heart disease)	15
Ischaemic heart disease .. .. .	40
Cerebrovascular disease .. .. .	34
Malignant neoplasms, Leukaemia, including neoplasms of lymphatic and haemetopoietic tissue .. .. .	36
Pneumonia, bronchitis, emphysema and asthma	11

Together these groups accounted for more than three-quarters of the deaths from all causes.

**Natural Increase of Population:** The number of births exceeded the number of deaths by 25.

### **Infantile Mortality:**

6 children, 3 males and 3 females, died under the age of one year, giving an infantile mortality rate of 30.9 per 1,000 live births. This compared with a rate of 20.2 for the previous year and 17.5 for England and Wales.

3 of the babies died at one day or less, 2 aged seven weeks and 1 aged two months. The causes of death were congenital abnormality 2, respiratory distress syndrome 2, gross prematurity 1, and broncho-pneumonia 1.

### **Maternal Mortality:**

There were no maternal deaths in Nidderdale during 1971.



# Causes of Death

## Registrar-General's Return, 1971

Cause						Male	Female	Total
1	Cholera	..	..	..	..	—	—	—
2	Typhoid fever	..	..	..	..	—	—	—
3	Bacillary dysentery and amoebiasis	..	..	..	..	—	—	—
4	Enteritis and other diarrhoeal diseases	..	..	..	..	—	—	—
5	Tuberculosis of respiratory system	..	..	..	..	—	—	—
6	Other tuberculosis, including late effects	..	..	..	..	—	—	—
7	Plague	..	..	..	..	—	—	—
8	Diphtheria	..	..	..	..	—	—	—
9	Whooping cough	..	..	..	..	—	—	—
10	Streptococcal sore throat and scarlet fever	..	..	..	..	—	—	—
11	Meningococcal infection	..	..	..	..	—	—	—
12	Acute poliomyelitis	..	..	..	..	—	—	—
13	Smallpox	..	..	..	..	—	—	—
14	Measles	..	..	..	..	—	—	—
15	Typhus and other rickettsioses	..	..	..	..	—	—	—
16	Malaria	..	..	..	..	—	—	—
17	Syphilis and its sequelae	..	..	..	..	—	—	—
18	All other infective and parasitic diseases	..	..	..	..	—	—	—
19	Malignant neoplasms, Leukaemia, including neoplasms of lymphatic and haemopoietic tissue	..	..	..	..	19	17	36
20	Benign neoplasms and neoplasms of unspecified nature	..	..	..	..	—	—	—
21	Diabetes mellitus	..	..	..	..	—	2	2
22	Avitaminoses and other nutritional deficiency	..	..	..	..	—	—	—
23	Anaemias	..	..	..	..	—	—	—
24	Meningitis	..	..	..	..	—	—	—
25	Active rheumatic fever	..	..	..	..	—	—	—
26	Chronic rheumatic heart disease	..	..	..	..	—	1	1
27	Hypertensive disease	..	..	..	..	3	—	3
28	Ischaemic heart disease	..	..	..	..	22	18	40
29	Other forms of heart disease	..	..	..	..	4	7	11
30	Cerebrovascular disease	..	..	..	..	15	19	34
31	Influenza	..	..	..	..	—	—	—
32	Pneumonia	..	..	..	..	2	4	6
33	Bronchitis, emphysema and asthma	..	..	..	..	4	1	5
34	Peptic ulcer	..	..	..	..	1	—	1
35	Appendicitis	..	..	..	..	—	—	—
36	Intestinal obstruction and hernia	..	..	..	..	1	1	2
37	Cirrhosis of liver	..	..	..	..	—	—	—
38	Nephritis and nephrosis	..	..	..	..	—	—	—
39	Hyperplasia of prostate	..	..	..	..	—	—	—
40	Abortion	..	..	..	..	—	—	—
41	Other complications of pregnancy, childbirth and puerperium	..	..	..	..	—	—	—
42	Congenital abnormalities	..	..	..	..	—	1	1
43	Birth injury, difficult labour and other anoxic and hypoxic conditions	..	..	..	..	1	—	1
44	Other causes of perinatal mortality	..	..	..	..	2	—	2
45	Symptoms and ill-defined conditions	..	..	..	..	1	3	4
46	All other diseases	..	..	..	..	8	9	17
47	Motor vehicle accidents	..	..	..	..	3	—	3
48	All other accidents	..	..	..	..	—	—	—
49	Suicide and self-inflicted injuries	..	..	..	..	—	—	—
50	All other external causes	..	..	..	..	—	—	—
Total						86	83	169

## **GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA**

### **1. Public Health Officers of the Authority**

The names and qualifications are set out on page 3.

### **2. Health Services**

#### **Laboratory Facilities.**

Any special investigation into outbreaks of infection and the isolation and typing of virus is undertaken by the Public Health Laboratory at Seacroft Hospital, Leeds. The routine bacteriological examination of clinical material such as throat swabs is done at the laboratory of the Harrogate General Hospital.

Samples of milk and other food stuffs, including ice-cream, are taken for bacteriological examination to the Public Health Laboratory at Seacroft and this laboratory also undertakes the bacteriological examination of the public water supply for the Claro Water Board.

The chemical analysis of the public water supply is carried out for the Claro Water Board by Messrs. T. Fairley & Partner, Leeds.

## **REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION**

No action was taken during 1971.

**HEALTH SERVICES PROVIDED BY THE COUNTY  
COUNCIL**

**REPORT OF DIVISIONAL MEDICAL OFFICER FOR 1971  
DIVISION No. 7**

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**CONTENTS**

1. Population
2. Divisional Staff
3. School Health Service
4. Speech Therapy
5. Cardiac Clinic
6. Child Guidance Clinic
7. Care of Mothers and Young Children
8. Midwifery
9. Health Visiting
10. Home Nursing
11. Vaccination and Immunisation
12. Prevention, Care and After-Care of Tuberculosis
13. Cervical Cytology
14. Chiropody
15. Registration of Nursing Homes
16. Registration of Old People's Homes
17. Medical Examination of Staff, etc.
18. Health Education

## 1. POPULATION

The estimated populations of the areas are as follows:—

Harrogate Borough	.. ..	63,470
Ripon City	.. ..	11,800
Knarborough Urban District	.. ..	11,700
Nidderdale Rural District	.. ..	17,730
Ripon and Pateley Bridge Rural District	.. ..	13,580
		<hr/>
Total	.. ..	118,280
		<hr/>

## 2. DIVISIONAL STAFF

### Medical Officers:

N. V. Hepple, M.D., B.S., B.Hy., D.P.H., Divisional Medical Officer.

Isobel B. Alexander, M.B., Ch.B., D.P.H., Senior Departmental Medical Officer.

Mary Polson, B.Sc., M.B., Ch.B., D.Obst., R.C.O.G., Senior Departmental Medical Officer.

A. W. I. Hall, M.B., B.Chir., Departmental Medical Officer.

Margaret Briggs, M.B., Ch.B., Departmental Medical Officer.

\*P. C. N. Clarke, M.R.C.P., D.C.H., Paediatrician.

\*P. A. I. MacLeod, M.B., Ch.B., F.R.F.P.S., Orthopaedic Surgeon.

\*Rosemary Hawe, M.B., Ch.B., B.A.O., D.O., Ophthalmologist.

\*W. S. Suffern, M.D., M.R.C.P., Cardiologist.

\*Elizabeth Gore, M.D., D.P.M., Consultant Psychiatrist, Child Guidance Clinic.

Anastasia Holroyd, M.A., M.B., B.S.

Katherine H. Odling-Smee, M.B., Ch.B.

Marjorie Parsons, M.B., Ch.B.

Isobel Critchley, M.B., Ch.B.

Margaret E. Manning, M.B., Ch.B.

} Clinic doctors  
working on a  
sessional basis

*\*Part-time from Regional Hospital Board.*



**Dental Officers**

Mr. K. Cowell, L.D.S.

Mr. M. Hattan, L.D.S.

Mr. P. R. Oldfield, L.D.S.

Mr. G. A. Thompson, L.D.S. (part-time, Orthodontic Consultant).

Mr. R. F. Grainger, L.D.S. (part-time)

Mr. M. Hollings, L.D.S. (part-time)

**Dental Assistants**

Full-time .. .. . 3

Part-time .. .. . 3

**Child Guidance Staff (part-time)**

Psychologists .. .. . 2

Psychiatric Social Worker .. .. . 1

Remedial Teacher .. .. . 1

Clerical .. .. . 2

**Speech Therapists**

Full-time .. .. . 2

Part-time .. .. . 1

**Nursing Staff**

Divisional Nursing Officer .. .. . 1

Nursing Officers (Health Visitor) .. .. . 2

Nursing Officer (Home Nurse) .. .. . 1

Nursing Officer (Home Nurse Midwife) .. .. . 1

Health Visitors who are also school nurses .. .. . 18

Health Visitor (part-time) .. .. . 1

Health Visitor employed on Hospital Liaison Duties .. .. . 1

Tuberculosis Health Visitor (part-time) .. .. . 1

Assistant Health Visitors .. .. . 3

Assistant Health Visitors (part-time) .. .. . 6

Home Nurses .. .. . 13

Home Nurses (part-time) .. .. . 3

Home Nurse Midwives .. .. . 11

Midwives .. .. . 4

**Administrative**

Divisional Administrative Officer .. .. . 1

Clerical .. .. . 16

Clerical (part-time) .. .. . 1

**Domestic Staff, etc.**

Cleaners (part-time) .. .. . 12

Caretaker, Health Centre, Knaresborough Road .. .. . 1



### 3. SCHOOL HEALTH SERVICE

#### A. School Medical Inspections

All new entrants to schools are medically examined but subsequent examinations are done on a selective basis. In 1971 there was a slight decrease in the number of pupils given a full medical examination and this was due, in the main, to the introduction of selective examinations for the school leaver age groups.

Defective vision requiring treatment formed 32.79 % of the total defects.

Age Groups born	No. of pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual pupils
1967 and later	39	39	—	—	1	5	6
1966	931	931	—	—	28	149	169
1965	568	568	—	—	21	103	123
1964	188	188	—	327	11	32	40
1963	345	345	—	580	31	85	106
1962	164	164	—	78	10	34	16
1961	172	172	—	53	8	24	30
1960	219	219	—	675	21	46	63
1959	143	143	—	430	19	24	39
1958	60	60	—	28	6	20	25
1957	47	47	—	28	7	7	13
1956 and earlier	170	170	—	620	18	23	37
TOTAL	3,046	3,046	—	2,819	181	552	667

**B. Other Inspections**

Number of Special inspections	..	..	..	..	502
Number of re-inspections	..	..	..	..	742
Total ..					1,244

**C. Infestation with Vermin**

(a) Total number of individual examinations of pupils in schools by School Nurses or other authorised persons	8,518
(b) Total number of individual pupils found to be infested	220
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	18
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

2·6% of the children examined were found to have dirty heads, compared with 1·6% in 1970, and 1·7% in 1969.

## D. Periodic and Special Inspections

Defect or Disease	Entrants		Leavers		Others		Total		Special Inspec- tions	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin ..	37	25	8	6	59	36	104	67	4	11
Eyes										
(a) Vision ..	29	72	18	28	134	127	181	227	42	85
(b) Squint ..	15	17	1	—	18	13	34	30	—	9
(c) Other ..	—	5	—	2	2	10	2	17	—	7
Ears										
(a) Hearing ..	2	70	—	5	18	55	20	130	—	5
(b) Otitis Media	2	9	1	2	9	10	12	21	—	6
(c) Other ..	—	2	—	2	5	1	5	5	—	2
Nose and Throat ..	10	52	2	1	33	60	45	113	2	8
Speech ..	21	18	—	—	26	21	47	39	3	5
Lymphatic Glands	1	6	—	—	4	6	5	12	1	1
Heart ..	1	7	1	3	14	14	16	24	2	14
Lungs ..	16	17	2	5	35	25	53	47	1	14
Developmental:										
(a) Hernia ..	—	3	—	—	5	1	5	4	—	—
(b) Other ..	6	19	—	4	22	40	28	63	2	7
Orthopaedic										
(a) Posture ..	—	3	1	—	2	6	3	9	—	—
(b) Feet ..	22	42	3	3	44	70	69	115	5	19
(c) Other ..	—	7	2	3	7	14	9	24	—	6
Nervous System:										
(a) Epilepsy ..	—	2	—	—	10	8	10	10	1	2
(b) Other ..	18	65	1	4	34	78	53	147	1	6
Psychological:										
(a) Development	1	5	1	2	9	16	11	23	1	5
(b) Stability ..	—	12	1	2	10	27	11	41	1	1
Abdomen ..	5	3	—	3	9	13	14	19	1	1
Other ..	15	7	—	1	16	22	31	30	7	4

(T) Treatment.

(O) Observation.

Eye Diseases, Defective Vision and Squint

	Number of Cases known to have been dealt with
External and other, excluding errors of refraction and squint .. .. .	249
Errors of refraction (including squint) .. ..	279
Total	528
Number of Pupils for whom spectacles were prescribed .. .. .	221

Diseases and Defects of Ear, Nose and Throat

	Number of Cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear .. ..	—
(b) for adenoids and chronic tonsillitis .. ..	168
(c) for other nose and throat conditions .. ..	56
Received other forms of treatment .. .. .	29
Total	253

Total number of pupils in schools who are known to have been provided with hearing aids:—

(a) in 1971 .. .. .	—
(b) in previous years .. .. .	12

Orthopaedic and Postural Defects

Number of pupils known to have been treated at clinics or out-patient departments .. ..	3
Pupils treated at school for postural defects ..	—



E. Handicapped Pupils

These are children who, by reason of physical or mental disability, need special educational treatment in ordinary or special schools

359 children were on the register at the end of the year as detailed below:—

Category	In ordinary school	In special school	Not attending school	Home tuition
Blind .. ..	1	3	—	—
Partially sighted .. ..	7	4	—	—
Deaf .. ..	—	7	—	—
Partially hearing .. ..	10	7	—	—
Educationally sub-normal	71	117	6	—
Epileptic .. ..	5	3	—	—
Maladjusted .. ..	19	17	—	—
Physically handicapped ..	45	16	1	—
Delicate .. ..	—	1	—	—
Double defect .. ..	*11	†7	‡1	—
Total	169	182	8	—

\*1 Phys. Hand/Malad.  
1 Part Sight/Esn.  
6 Phys. Hand/Esn.  
2 ESN./Epileptic  
1 Part. Sight/Malad.

†4 Phys.. Hand/Esn  
2 malad/Esn.  
1 Phys. Hand/Ment. Retarded

‡1 Phys. Hand/Esn.

F. Audiometry

Routine testing of school children from the age of seven years was continued by health visitors who have received special training in the use of the pure-tone audiometer. 1,572 school children in this group were tested in 1971, of whom 46 were referred for further investigation.

The health visitors are also trained in the methods of testing the hearing of the pre-school children from the age of six months onwards.

4. SPEECH THERAPY

A further Speech Therapist was appointed who works 3 days per week in Harrogate and Ripon and the rest of her time in another Division. This extra help has been of great assistance.

153 new cases were treated during the year and the treatment of 124 others was continued. Most of the treatment is carried out in schools but the Speech Therapists attend Dragon Parade Clinic, Harrogate, and Alma House Clinic, Ripon, and 37 domiciliary visits were made.



5. CARDIAC CLINIC

During 1971 a total of 11 sessions of the Cardiac Clinic were held, when 109 children made a total of 115 attendances. There were 15 new cases referred to the Cardiac Clinic, but these were children found to have heart defects at routine school medical examination. It is now the practice for infants with heart defects to be seen at the Paediatric Clinic at Harrogate General Hospital and, with the inevitable discharge of older children and no "intake" of babies, Cardiac Clinics can only be held at infrequent intervals.

During the period under review 5 children were transferred to the adult Cardiac Clinic at Harrogate Hospital, while 3 others left the area and 12 were returned to the care of their general practitioners. 2 children were referred to the Cardiac Unit in Leeds for further investigation.

6. CHILD GUIDANCE CLINIC

127 new cases, 89 boys and 38 girls, were seen during 1971. 116 of these cases were referred from this Division as follows:—

				Boys	Girls	Total
Divisional Medical Officer	..	..	..	21	13	34
General Practitioners	..	..	..	16	6	22
Head-teachers	..	..	..	16	4	20
Parents	..	..	..	7	6	13
Paediatrician	..	..	..	13	5	18
Others	..	..	..	6	3	9
				79	37	116

Dr. Elizabeth Gore, the Consultant Psychiatrist, reports below:

"The total of new cases referred in Division 7 shows an increase of 15 over the year, with a relative increase in the number of girls. A very much larger number of cases were referred to the clinic from the Paediatrician, but these, except for two cases, were referred for advice only. There was also an increase in the number of cases referred from General Practitioners.

Mr. Popplewell took up his appointment as Remedial Teacher in January, 1971. He has continued and developed the work in the morning play therapy group, with slightly bigger numbers. It is a matter of great concern that this work, which we consider so valuable in saving children from being recommended for residential placement, must apparently be discontinued after Easter because the premises now being used will no longer be available and no alternative accommodation can be found.

During 1971 the Social Services Department was being developed and we are glad to feel that we have a fruitful and close relationship with the department in Harrogate. Mutual discussions have helped to prevent duplication of work, and we have been able in a number of instances to hand over cases and families for supervision by the Social Services Department where this was more appropriate. We have also found the Department helpful in cases where the children are away at school. This has meant that we have had more time to work with the other children and their families. In addition the development of the School Counselling system and a closer co-operation with the Educational Welfare Department has meant that, where suitable, they have been able to deal in whole or in part with children with whom we might otherwise have been heavily involved.

These contacts have been in addition to the ones already established with Health Visitors, Head Teachers and a number of the Family Doctors. Most important perhaps had been the continued close contact with Dr. Hepple and his Medical Officers.

We have continued to have Social Work Students from Leeds, from the West Riding and also students taking their Diploma in Primary Education from Leeds University, and a number of others”.

## 7. CARE OF MOTHERS AND YOUNG CHILDREN

### (a) Births

#### Return of Births Notified in the Divisional Area during the Year

DETAILS	BIRTHS				TOTAL
	Domiciliary		Institutional		
	Live	Still	Live	Still	
(a) Primary notifications	45	—	2,087	24	2,156
(b) <i>Add</i> Inward Transfers	—	—	62	—	62
(c) Total Notifications received	45	—	2,149	24	2,218
(d) <i>Deduct</i> Outward Transfers	1	—	596	9	606
(e) Total adjusted births	44	—	1,553	15	1,612
ANALYSIS OF INSTITUTIONAL BIRTHS					
Born in					
(a) Hospitals			1,552	15	
(b) Maternity Homes			1	—	
(c) Nursing Homes			—	—	
TOTAL			1,553	15	

Only 3.8% of births to residents of the Division took place at home.

**(b) Ante-Natal and Post Natal Clinics**

Name and Address of Ante-natal/Post-natal Clinic (whether held at Infant Welfare Centre or other premises)	No. of separate sessions held during year					No. of women in attendance (including those seen at combined infant welfare & ante-natal sessions)		Total No. of attendances (including those seen at combined infant welfare and ante-natal sessions)	
	Local Health Authority Medical Officers	Midwives (excluding mother-craft & relaxation)	General practitioners employed on sessional basis	Hospital Med. Staff	Total	A/N	P/N	A/N	P/N
2, Dragon Parade, Harrogate	—	28	—	—	28	11	—	38	—
Fysche Hall, Iles Lane Knaresborough	—	45	—	—	45	12	—	85	—
Totals .. ..	—	73	—	—	73	23	—	123	—



(c) Ante-Natal Mothercraft and Relaxation Classes.

Name and Address of Centre	No. of sessions held during the year		No. of women who attended during the year			Total number of attendances made during the year		
	Separate Sessions	Combined with A/N. clinic sessions	Institutionally booked	Domiciliary booked	Total	Institutionally booked	Domiciliary booked	Total
2 Dragon Parade, Harrogate .. ..	78	—	91	—	91	456	—	456
Health Centre, Knaresborough Road, Harrogate .. ..	88	—	94	—	94	478	—	478
217A Skipton Road, Harrogate ..	96	—	107	1	108	597	6	603
Fysche Hall, Iles Lane, Knaresbro' ..	46	—	64	—	64	443	—	443
Church Hall, Upper Poppleton ..	—	—	—	—	—	—	—	—
Health Centre, Boroughbridge ..	45	—	34	—	34	206	—	206
Alma House, Ripon .. ..	48	—	52	—	52	337	—	337
Claro Barracks, Ripon .. ..	10	—	8	—	8	35	—	35
Menwith Hill, American Base ..	31	—	25	—	25	112	—	112
Health Centre, Pateley Bridge ..	25	—	25	—	25	59	—	59
Totals .. ..	467	—	500	1	501	2,723	6	2,729



# (d) Infant Welfare Centres

Name and Address of Centre	No. of Infant Welfare Sessions held during year by					No. of children who attended for the first time during the year and who were born in			Total No. of children who attended during the year	No. of attendances during the year made by children who were born in			Total attendances during the year
	Local Health Authority Medical Officers	Health Visitors only	General practitioners employed on sessional basis	Hospital Medical Staff	Total	1971	1970	1966/1969		1971	1970	1966/1969	
Central Clinic, Dragon Parade, Harrogate	48	—	—	—	48	75	82	52	209	442	416	134	992
Health Centre, Knaresborough Road	52	—	—	—	52	137	178	95	410	1,130	864	342	2,336
217A Skipton Road, Harrogate	—	53	48	—	101	264	264	278	806	2,371	2,040	628	5,039
St. Mark's Parochial Hall, Harrogate	—	—	24	—	24	32	34	12	78	186	244	41	471
Methodist Buildings, College Rd., Harrogate	24	—	—	—	24	35	43	24	102	240	302	48	590
Pannal Memorial Hall, Pannal, Harrogate	—	—	11	—	11	10	10	10	30	28	26	21	75
Penny Pot Lane, Harrogate (Army premises)	—	16	—	—	16	12	11	6	29	22	47	8	77
Fysche Hall, Iles Lane, Knaresborough	96	—	—	—	96	131	159	158	448	1,181	1,087	805	3,073
Health Centre Boroughbridge	26	—	—	—	26	27	26	27	80	202	232	112	546
Church Hall, Upper Poppleton	51	—	—	—	51	34	58	69	161	266	407	174	847
Alma House, Ripon	36	—	—	—	36	22	57	50	129	126	233	115	474
Claro Barracks, Ripon	—	13	—	—	13	35	47	18	100	143	180	92	415
Health Centre, Summerbridge	—	—	12	—	12	14	22	19	55	39	114	67	220
Mobile Clinic	149	—	284	—	433	199	210	214	623	875	918	562	2,355
Totals	482	82	379	—	943	1,027	1,201	1,032	3,260	7,251	7,110	3,149	17,510

In addition, the Mobile Clinic provides infant welfare centre services in the rural areas as follows:—

Killinghall	Friday	Fortnightly
Hampsthwaite	„	„
Bishop Monkton	Friday	Monthly
Lead Lane, Ripon	„	„
Burton Leonard	Friday	Monthly
Staveley	„	„
Scotton	„	„
Burnt Yates	Monday	Monthly
Ramsgill	„	„
Lofthouse	„	„
Glasshouses	„	„
Heyshaw Lane End	„	„
Darley	„	„
Burley Avenue, Army Premises	„	„
Markington	Monday	Monthly
Bishop Thornton	„	„
Shaw Mills	„	„
Birstwith	„	„
H.M.S. Forest Moor	„	„
Burley Avenue, Army Premises	„	„
Studley Roger	Tuesday	Monthly
Aldfield	„	„
Sawley	„	„
Grantley	„	„
Winksley	„	„
Nunwick	„	„
Copt Hewick	„	„
Skelton	„	„
Kirkby Malzeard	Tuesday	Monthly
Grewelthorpe	„	„
Ripon Army Camp	„	„
Hunsingore	Wednesday	Monthly
Whixley	„	„
Marton	„	„
Grafton	„	„
Little Ouseburn	„	„
Great Ouseburn	„	„
Green Hammerton	Wednesday	Monthly
Kirk Hammerton	„	„
Nun Monkton	„	„
Moor Monkton	„	„
Rufforth	„	„

#### **(e) Routine Tests on Young Babies**

One type of mental handicap is caused by an inability to metabolise one of the amino acids in food. In order to prevent damage to the brain of these children it is essential to find them within the first weeks of life and give them a special diet. All babies therefore have a routine blood test on their sixth day, either in the maternity hospital or at home by County Council midwives, in order to exclude this disability. No cases were discovered during the year.

Congenital dislocation of the hip is a crippling deformity which is most largely prevented by early ascertainment and treatment. Fortunately there is a simple test—the Ortolani test—which can be carried out by nursing and medical staff when young babies are first seen.

Seven children were referred for specialist opinion during 1971. Two of these were confirmed as cases and four were referred for further investigation. Three children were found not to have dislocated hips.

#### **(f) Dental Care**

The arrangements for dental treatment of expectant and nursing mothers continue.

#### **(g) Care of Premature Infants**

A premature infant can be defined for practical purposes as one which weighs 5½ lbs. or less at birth.

These small infants are particularly liable to damage from cold and feeding difficulties and need special care.

The County Council provides specially heated incubator cots for ambulance transport of these children.

During 1971 there were 93 live and 10 stillbirths on infants of 5½ lbs. or less born to mothers normally resident in the division. 84 of these survived over twenty-eight days and 9 died in the first four weeks.

#### **(h) Inspection of Children at Day and Residential Nurseries and County Children's Homes**

Medical inspections and immunisation are carried out at the Day and Residential Nurseries and County Children's Homes by the medical staff of the Department. In addition all children in the residential nurseries and homes are examined on admission and discharge and any medical problems dealt with.



## 8. MIDWIFERY

The midwifery staff of the Division consists of 1 Nursing Officer (Home Nurse Midwife), 4 whole-time midwives and 11 midwives who are also home nurses.

In addition to attending 40 home confinements in 1971, the midwives visited 1,071 hospital and maternity home patients who went home before the tenth day. 314 of these patients were discharged home at forty-eight hours, 309 were discharged after forty-eight hours but up to and including the fifth day and 448 after the fifth but before the tenth day. Twice daily visits are made during the first three days of puerperium and daily visits thereafter, up to the tenth day.

Owing to the shortage of accommodation in the maternity units of the Harrogate and Ripon Hospitals and the York Maternity Home, applications for maternity beds made on social grounds are investigated by the domiciliary midwives.

The Obstetric Flying Squad from the Harrogate Hospital was called out on 3 occasions during the year.

### Analgesia

Analgesia was administered by County Council midwives to domiciliary patients as follows:—

Trilene .. .. .	11
Pethidine .. .. .	3
Trilene and Pethidine	12

## 9. HEALTH VISITING

2 Nursing Officers (Health Visitor), 19 full-time health visitors, 2 part-time health visitors, 3 full-time assistants to health visitor and 6 part-time assistants to health visitor were employed in the Division at the end of the year. All the full-time health visitors are attached to general practitioners.

1 full-time health visitor and 1 part-time health visitor do tuberculosis visiting and maintain liaison between the Health Department and the chest physicians. Another is largely occupied with the admission and discharge of elderly people to hospitals, old people's homes and Part III accommodation, working closely with the Geriatric Unit at Knaresborough Hospital.

Like the rest of the nursing staff, the health visitors work under the general direction of the Divisional Nursing Officer.

The following table shows categories of visits made:—

	No. of cases i.e., first visits
1. Total number of cases .. .. .	9,005
2. Children born in 1971 .. .. .	1,682
3. Children born in 1970 .. .. .	1,532
4. Children born in 1966-69 .. .. .	2,958
5. Total number of children in lines 2-4 .. .. .	6,172
6. Persons aged 65 or over (excluding "domestic help only" visits) .. .. .	1,561
7. Number included in line 6 who were visited at the special request of a general practitioner or hospital ..	782
8. Mentally disordered persons .. .. .	39
9. Number included in line 8 who were visited at the special request of a general practitioner or hospital ..	26
10. Persons, excluding maternity cases, discharged from hospital (other than mental hospitals) .. .. .	108
11. Number included in line 10 who were visited at the special request of a general practitioner or hospital ..	79
12. Number of tuberculous households visited (i.e., visits by health visitors not employed solely on tuberculosis work) .. .. .	40
13. Number of households visited on account of other infectious diseases .. .. .	32
14. Other cases .. .. .	1,053



## 10. HOME NURSING

13 home nurses, 3 part-time home nurses, and 11 home nurse-midwives were nursing in the Division at the end of the year. Almost all the Home Nurses are attached to General Practitioners.

The following table gives classification of the work carried out:

Classification	No. of cases attended by Home Nurses during the year	No. of visits paid by Home Nurses during the year
Medical .. .. .	1,742	52,341
Surgical .. .. .	443	12,711
Infectious diseases .. .. .	8	163
Tuberculosis .. .. .	26	263
Maternal complications .. .. .	73	653
Other .. .. .	35	289
TOTALS ..	2,327	66,420
Patients included above who were aged 65 or over at the time of the first visit during the year ..	1,684	50,295
Children included above who were under 5 years of age at the time of the first visit during the year .. .. .	34	169
Patients included above who have had more than 24 visits during the year .. .. .	669	51,179

## 11. VACCINATION AND IMMUNISATION

Protection is offered against diphtheria, whooping cough and tetanus, poliomyelitis, measles, and rubella.

### (a) Vaccination of Persons under 16 years completed during 1971 Completed Primary Courses

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1971	1970	1969	1968	1964- 1967		
Triple (Diphtheria/Tetanus/ Whooping Cough)	16	1,061	280	20	4	—	1,381
Diphtheria/Tetanus	—	15	5	2	9	2	33
Diphtheria	—	—	—	—	—	—	—
Tetanus	—	1	—	—	1	8	10
Poliomyelitis	17	1,077	288	24	19	16	1,441
Measles	1	429	378	87	100	3	998
Rubella	—	—	—	—	—	1,720	1,720

### Reinforcing Doses

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1971	1970	1969	1968	1964- 1967		
Triple (Diphtheria/Tetanus/ Whooping Cough)	—	24	14	5	104	17	164
Diphtheria/Tetanus	—	1	4	6	936	126	1,073
Diphtheria	—	—	1	—	6	6	13
Tetanus	—	—	3	3	27	122	155
Poliomyelitis	1	24	18	10	1,047	92	1,192

## (b) Vaccination Against Smallpox

The Local Authority vaccination scheme was terminated in July, 1971, in response to Government policy.

The numbers in different age groups vaccinated or re-vaccinated during the first half of the year are shown below:—

Age at Date of Vaccination	Under 1	1	2—4	5—15	Total
No. Vaccinated ..	8	3	6	5	22
No. Re-vaccinated ..	—	2	4	6	12

## (c) B.C.G. Vaccination

B.C.G. Vaccination was again offered to all children 13 years of age and over attending schools in the area.

The following are details of work carried out:—

1. No. of Medical Officers (including Divisional Medical Officer) approved to undertake B.C.G. Vaccination 5
2. Acceptances
  - (a) No. of children offered tuberculin testing and vaccination if necessary (whether the offer was made during the year or previously) .. .. 1,642
  - (b) No. of (a) found to have been vaccinated previously .. .. 46
  - (c) No. of acceptances .. .. 1,473
  - (d) Percentage of acceptances .. .. 89.70%
3. Pre-Vaccination Tuberculin Test
  - (a) No. of children 2(c) tested .. .. 1,410
  - (b) Result of Heaf Test:
    - (i) Positive .. .. 97
    - (ii) Negative .. .. 1,237
    - (iii) Not ascertained .. .. 76
  - (c) Percentage positive .. .. 6.87%
4. Vaccination
  - No. vaccinated following negative Heaf Test .. 1,161



## 12. PREVENTION, CARE AND AFTER-CARE OF TUBERCULOSIS

The Chest Physicians hold sessions once a week at Scotton Banks Hospital, twice a week at Harrogate General Hospital and once a week at Ripon and District Hospital. The health visitors who do tuberculosis visiting attend the clinics at the Harrogate and Ripon Hospitals.

The Chest Physician reports as follows:—

13 names were added to the Tuberculosis Register during 1971. 7 males and 4 females were suffering from pulmonary tuberculosis, 1 male from T.B. spine, and 1 female child from tubercular meningitis. In addition there was one posthumous notification of pulmonary tuberculosis in a female.

24 names were removed from the register. 6 males and 3 females recovered from pulmonary tuberculosis and 1 female from T.B. hip; 5 males and 2 females died; 2 males and 3 females left the district; and 2 males who were suffering from pulmonary tuberculosis were lost sight of.

211 contacts were seen at the Harrogate Chest Clinic during the course of the year. In addition two groups of school children were examined. One was a group of 25 children of various ages and from various schools who were contacts of a school dentist living in another area. This group was checked at Harrogate Chest Clinic. The other was a group of 16 boys who were contacts of a pupil teacher and were seen at Scotton Banks Chest Clinic.

Tine testing was carried out as follows:—

Harrogate Chest Clinic and Scotton Banks Hospital	..	127
Negative results	.. .. .	55
Positive results	.. .. .	72
Vaccinated	.. .. .	52
Babies vaccinated at birth	.. .. .	19

## 13. CERVICAL CYTOLOGY

A screening test for the detection of cancer of the cervix is offered to all married women. Sessions were held once or twice weekly at the Clinic, 2 Dragon Parade, Harrogate, once or twice monthly at Alma House Clinic, Ripon, and as required at the Health Centre, Pateley Bridge. In addition 13 sessions were held in suitable office premises for the convenience of the staff.

838 women attended the Harrogate sessions, 259 women attended the Ripon sessions, 18 women attended the Pateley Bridge sessions, and 241 women attended the sessions held in the office premises. There were 5 positive smears.



It is desirable to repeat the smear test at least every five years and in certain circumstances possibly each year. Women over the age of thirty, especially those with large families and particularly those in the lower income groups are the ones most at risk. There are still large numbers of women in these groups who have never come forward for a test.

#### **14. CHIROPODY**

Much pain and disability is associated with minor foot ailments, many of which are amenable to treatment. The chiropody service provides this for old people, expectant and nursing mothers, and for the physically disabled.

Periodic sessions are held in Harrogate, Ripon, Knaresborough, Pateley Bridge, Boroughbridge, Poppleton, Nun Monkton, Whixley, Kirk Hammerton, Bishop Monkton, Burton Leonard, Kirkby Malzeard, Grewelthorpe and Great Ouseburn. Many of these are organised by voluntary associations on behalf of the department, and I am very grateful to those who undertake this valuable voluntary work.

There is also a domiciliary service for those who are unfit to attend a clinic session.

The chiropodists work part-time and the demand for their services tends to outstrip the service available.

#### **15. REGISTRATION OF NURSING HOMES**

There were 15 registered nursing homes with a total of 314 beds in the Division at the end of the year. Twenty visits of inspection were made.

#### **16. REGISTRATION OF OLD PEOPLE'S HOMES**

The 28 old people's homes registered in the area were visited by the Divisional Medical Officer in conjunction with the Divisional Welfare Officer.

#### **17. MEDICAL EXAMINATION OF STAFF, etc.**

A total of 403 medical examinations of staff, etc. were carried out during the year. New members of the West Riding staff are medically examined only if they have a significant medical history or are over forty-five years old, a policy which reduces work for the medical staff.

The medical examinations carried out were in the following categories:—

West Riding County Council .. .. .	61
District Councils in the Division .. .. .	7
Other Authorities .. .. .	12
Applicants for Training Colleges .. .. .	141
Employment of Children (including in entertainments) ..	73
School Meals Staff .. .. .	109

## 18. HEALTH EDUCATION

Health education has continued along much the same lines as in previous years, but nearly all the health visitors, midwives and district nurse/midwives have taken an active part in this year's programme.

Health education in schools has been extended to include some of the primary schools where we have had a small programme on general health. In Granby Park Secondary Modern School we have had two programmes running—an intensive course for selected girls on mothercraft and a programme for girls and boys on general health subjects.

We have been active with Girl Guides, Brownies and Red Cross, giving lectures on child care, home nursing (by two district nurses), and accident prevention, etc. and have acted as examinees at a number of examinations especially for the Brownies, who are very keen on home accident prevention.

The interest shown in relaxation classes is very encouraging and, in Ripon, one session in the course of eight is given in the evening so that both husbands and wives can attend together. In Harrogate a number of people have been unable to attend classes because they are still at work. An evening class was attempted but was poorly attended and we are now thinking along the lines of about three evening classes early in pregnancy for working "mothers-to-be" followed by a short day-time course when they are free to attend. We are also thinking of a class for late bookings.

A mothers' afternoon club at Ripon has been established and is well attended as are the other three clubs at Harrogate, Knaresborough and Pateley Bridge.

Talks, lectures and film shows on a variety of subjects have been given to Youth Clubs, Friendship Clubs, etc. by various members of staff and this side of health education is much enjoyed.

## AMBULANCE SERVICE

This is a separate service in the West Riding. There is an Ambulance Station in Harrogate with a Superintendent Ambulance Officer in charge. Sub-depots in both Ripon and Pateley Bridge are manned by members of the respective divisions of the St. John Ambulance Brigade who give excellent service. Communication is maintained by short wave radio.

## HOSPITALS UNDER THE MANAGEMENT OF THE REGIONAL HOSPITAL BOARD

Name	Situation	Purpose	Beds	
			Adults	Children
Harrogate & District General Hospital	Knaresborough Rd., Harrogate	Medical, Surgical, Maternity	239	25
Carlton Lodge Maternity Home	Leeds Road, Harrogate	Maternity	13	—
Royal Bath Hospital	Cornwall Road, Harrogate	Rheumatic Diseases	160	—
Yorkshire Home	Cornwall Road, Harrogate	Chronic Sick Cases	71	—
Ripon & District Hospital	Firby Lane, Ripon	Medical, Surgical, Maternity	50	7
St. Wilfrid's Hospital	Princess Road, Ripon	Chronic Sick	32	—
Thistle Hill Hospital	Thistle Hill, Knaresborough	Geriatrics	51	—
Scotton Banks Hospital	Ripley Road, Knaresborough	Ophthalmic	4	—
Do.	do.	Paediatrics	—	21
Do.	do.	General Surgery	26	—
Do.	do.	Gynaecology	27	—
Do.	do.	Diseases of Chest	72	—
Do.	do.	Young Chronic Sick	34	—
Do.	do.	Medical	22	—
Do.	do.	Private Wing Sect. 5	16	—
		do. Sect. 4	8	—
Knaresborough Hosp.	Stockwell Road, Knaresborough	Chronic Sick	134	—



# PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES—1971

	Measles (exclud- ing rubella)	Dysentery (amoebic or bacillary)		Scarlet fever		Whoop- ing cough		Infective Jaundice		TUBERCULOSIS			
		M	F	M	F	M	F	M	F	Respir- atory		Meninges and C.N.S.	
										M	F	M	F
Under 1 year ..	3	—	—	—	—	—	—	—	—	—	—	—	—
1 year ..	9	—	—	—	—	—	—	—	—	—	—	—	—
2 years ..	8	—	—	—	—	—	—	—	—	—	—	—	—
3 years ..	13	—	—	—	—	—	—	—	—	—	—	—	—
4 years ..	12	—	—	—	—	—	—	—	—	—	—	—	—
5—9 years ..	37	—	—	—	—	—	—	—	—	—	—	—	—
10—14 years ..	2	—	—	—	—	—	—	—	—	—	—	—	—
15—19 years ..	—	—	—	—	—	—	—	—	—	—	—	—	—
20—24 years ..	—	—	—	—	—	—	—	—	—	—	—	—	—
25—34 years ..	—	—	—	—	—	—	—	—	—	—	—	—	—
35—44 years ..	—	—	—	—	—	—	—	—	—	—	—	—	—
45—54 years ..	—	—	—	—	—	—	—	—	—	—	—	—	—
55—64 years ..	—	—	—	—	—	—	—	—	—	—	—	—	—
65—74 years ..	—	—	—	—	—	—	—	—	—	—	—	—	—
75 and over ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Age unknown..	—	—	—	—	—	—	—	—	—	—	—	—	—
Total (all ages) ..	84	—	—	15	20	16	27	3	4	5	2	1	1



# Prevalence and Control over Infectious Diseases—*continued*

	Diphtheria		Tetanus		Acute meningitis		Acute encephalitis				Ophthalmia neonatorum		Acute poliomyelitis			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Paralytic	Non-paralytic
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5—9 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10—14 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15—19 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20—24 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25—34 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35—44 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45—54 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55—64 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65—74 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
75 and over	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Age unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total (all ages)	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..

## Prevalence and Control Over Infectious Diseases—continued

	Lepto- spiro- sis	Para- typhoid fever	Typhoid fever	Food poisoning (excluding dysentery, para-typhoid fevers)	Malaria							
					Contracted naturally				Induced			
					In Great Britain		Abroad		Accident- ally		Therap- eutically	
					M	F	M	F	M	F	M	F
Under 1 year	—	—	—	—	—	—	—	—	—	—	—	—
1 year	—	—	—	—	—	—	—	—	—	—	—	—
2 years	—	—	—	—	—	—	—	—	—	—	—	—
3 years	—	—	—	—	—	—	—	—	—	—	—	—
4 years	—	—	—	—	—	—	—	—	—	—	—	—
5—9 years	—	—	—	—	—	—	—	—	—	—	—	—
10—14 years	—	—	—	1	—	—	—	—	—	—	—	—
15—19 years	—	—	—	1	—	—	—	—	—	—	—	—
20—24 years	—	—	—	1	—	—	—	—	—	—	—	—
25—34 years	—	—	—	—	—	—	—	—	—	—	—	—
35—44 years	—	—	—	—	—	—	—	—	—	—	—	—
45—54 years	—	—	1	—	—	—	—	—	—	—	—	—
55—64 years	—	—	—	2	—	—	—	—	—	—	—	—
65—74 years	—	—	—	—	—	—	—	—	—	—	—	—
75 and over	—	—	—	—	—	—	—	—	—	—	—	—
Age unknown	—	—	—	—	—	—	—	—	—	—	—	—
Total (all ages)	—	—	—	8	—	—	—	—	—	—	—	—

# Prevalence and Control Over Infectious Diseases—continued

	Plague		Cholera		Anthrax		Smallpox		Typhus fever		Relapsing fever		Yellow fever	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5—9 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10—14 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15—19 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20—24 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25—34 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35—44 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45—54 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55—64 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65—74 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..
75 and over ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Age unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total (all ages)	..	..	..	..	..	..	..	..	..	..	..	..	..	..

## **Measles**

146 notifications were received compared with 876 in 1970, which gave a notification rate of 2.30 per 1,000 population.

## **Scarlet Fever**

There were 35 notifications during the year, compared with 19 in 1970, a rate of 0.55 per 1,000 population.

## **Whooping Cough**

43 cases were notified, compared with 3 in the previous year, giving a notification rate of 0.68.

## **Infective Jaundice**

7 cases were notified in 1971 compared with 8 in 1970. The notification rate was 0.11 per 1,000 population.

## **Ophthalmia Neonatorum.**

One case was notified. It was probably due to *Streptococcus pneumoniae* infection and made a good recovery.

## **Paratyphoid Fever**

A ward orderly aged twenty-six was discovered to be excreting *S. paratyphi* B after a cholecystectomy in Leeds. The source of infection remained obscure.

## **Food Poisoning**

13 cases were notified during the year, 2 of which occurred in August and 7 in September. All were due to Group B *Salmonella* infection and occurred sporadically.

Two were thought to be due to frozen chicken, one to steak, and one to ice cream bought at a seaside town.

The source of infection was not discovered in the other cases.

## **Tuberculosis**

There were 7 new cases of pulmonary tuberculosis and 2 of non-pulmonary tuberculosis notified during the year.

The Corporation gives priority to cases of tuberculosis who need rehousing.



The following table gives details from the Tuberculosis Register:

	Pulmonary		Non-Pulmonary		Total
	M	F	M	F	
Number on Register at 1st January, 1971 .. .. .	73	30	—	3	106
New notifications in 1971 ..	5	2	1	1	9
Number restored to Register ..	—	—	—	—	—
Number added to Register otherwise than by notification ..	1	—	—	—	1
Number removed from Register in 1971 .. .. .	10	6	—	—	16
Number on Register at 31st December, 1971 .. .. .	69	26	1	4	100

# PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES—1971

	TUBERCULOSIS															
	Measles (exclud- ing rubella)		Dysentery (amoebic or bacillary)		Scarlet fever		Whoop- ing cough		Infective Jaundice		Respir- atory		Meninges and C.N.S.		Other forms	
											M	F	M	F	M	F
Under 1 year ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1 year ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2 years ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3 years ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4 years ..	1	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—
5—9 years ..	1	5	—	—	—	2	—	—	—	—	—	—	—	—	—	—
10—14 years ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
15—19 years ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20—24 years ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25—34 years ..	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
35—44 years ..	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
45—54 years ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
55—64 years ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65—74 years ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
75 and over ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Age unknown..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total (all ages)	3	9	—	—	—	1	4	—	1	1	—	—	—	—	—	—

# Prevalence and Control over Infectious and Other Diseases—*cont.*

	Diphtheria		Tetanus		Acute meningitis		Acute encephalitis				Ophthalmia neonatorum		Acute poliomyelitis			
	M	F	M	F	M	F	M	Infective	Post infectious		M	F	M	Paralytic	M	Non-paralytic
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5—9 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10—14 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15—19 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20—24 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25—34 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35—44 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45—54 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55—64 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65—74 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
75 and over	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Age unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total (all ages)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

Prevalence and Control over Infectious and Other Diseases—*cont.*

	Malaria									
	Contracted naturally				Induced					
	In Great Britain		Abroad		Accident-ally		Therap-eutically			
	Lepto-spirosis		Para-typhoid fever		Typhoid fever		Food poisoning (excluding dysentery, para-typhoid fevers)			
	M	F	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	—	—	—	—	—	—	—
1 year	—	—	—	—	—	—	—	—	—	—
2 years	—	—	—	—	—	—	—	—	—	—
3 years	—	—	—	—	—	—	—	—	—	—
4 years	—	—	—	—	—	—	—	—	—	—
5—9 years	—	—	—	—	—	—	—	—	—	—
10—14 years	—	—	—	—	—	—	—	—	—	—
15—19 years	—	—	—	—	—	—	—	—	—	—
20—24 years	—	—	—	—	—	—	—	—	—	—
25—34 years	—	—	—	—	—	—	—	—	—	—
35—44 years	—	—	—	—	—	—	—	—	—	—
45—54 years	—	—	—	—	—	—	—	—	—	—
55—64 years	—	—	—	—	—	—	—	—	—	—
65—74 years	—	—	—	—	—	—	—	—	—	—
75 and over	—	—	—	—	—	—	—	—	—	—
Age unknown	—	—	—	—	—	—	—	—	—	—
Total (all ages)	—	—	—	—	—	—	—	—	—	—



# Prevalence and Control over Infectious and Other Diseases—cont.

	Plague		Cholera		Anthrax		Smallpox		Typhus fever		Relapsing fever		Yellow fever	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1 year ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2 years ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3 years ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4 years ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5—9 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10—14 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15—19 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20—24 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25—34 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35—44 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45—54 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—
55—64 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65—74 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—
75 and over ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Age unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total (all ages)	—	—	—	—	—	—	—	—	—	—	—	—	—	—

### Measles

12 notifications of measles were received, compared with 175 in 1970, a notification rate of 0.68 per 1,000 population.

### Scarlet Fever

5 cases of scarlet fever were notified, compared with 3 in the previous year. This gave a notification rate of 0.28 per 1,000 population.

### Infective Jaundice.

2 cases were notified during the year giving a notification rate of 0.11 per 1,000 population.

### Tuberculosis.

The following table gives details from the Tuberculosis Register :

	Pulmonary		Non-Pulmonary		Total
	M	F	M	F	
Number on Register at 1st January 1971 .. .. .	6	2	—	—	8
New notifications in 1971 ..	—	—	—	—	—
Number restored to register ..	—	—	—	—	—
Number added to Register otherwise than by notification ..	—	—	—	—	—
Number removed from Register in 1971 .. .. .	1	—	—	—	1
Number on Register at 31st December, 1971 .. ..	5	2	—	—	7

## ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR AND SURVEYOR FOR THE YEAR 1971.

To the Chairman and Members of the Rural District Council of Nidderdale.

Mr. Chairman, Ladies and Gentlemen,

The principal services and functions of this Department are summarised in this section of the report for the year ending December, 1971. The widely differing subjects handled by the Department and steady increase in the routine involvement coupled with pending Local Government Reorganisation, is making the work of this office, and many others, a fairly heavy burden on the staff.

The Council's consulting Engineer and I, had an opportunity during the latter part of the year to discuss the details of the proposed Killinghall, Hampsthwaite, Ripley and Kettlesing Sewerage Scheme, with the Officers of the Department of the Environment. Towards the end of the year it was fairly obvious that after many years of delay this scheme was getting to the stage where it was likely to be approved. The new Sewerage Scheme for Beckwithshaw got away to quite a good start and its completion will provide an up to date works for that community and clear up what has been for many years a potential nuisance.

Small extensions were carried out to enlarge the Rufforth Works, but difficulty in that part of our area is to consider providing works on a regional basis, not only for the village of Rufforth, but the adjoining villages. The idea of a regional scheme based on York would seem to be common sense.

When this Authority becomes part of the new District 6, they can be proud of their achievement in having almost completely sewered, in a very efficient manner, this scattered Rural District. The District has a few heavily urbanised areas, but the size of the villages are generally such, that there are long lengths of unproductive sewers. Even so, 98% of its properties are connected to modern sewers and works.

The Council have instructed their Consultants to prepare schemes for the smaller villages where existing works should be upgraded, but in no case is there any gross pollution of water courses. My concern, is that the proposed "Water Resources Board" must appreciate the day to day problems involved in the maintenance of a very comprehensive system of sewers, pumping stations and works, over a large Rural District. Whilst one sees a need for the regionalisation of this type of service, it is an undisputed fact that the ratepayer expects and is entitled to enjoy the same service that has been given



to him by this type of Council for many years. In other fields of activity, such as refuse collection, the new District Council must not only maintain the level of that service, but endeavour to improve it, *and at a similar cost*, otherwise one of the objects of Local Government reform will have failed dismally.

The pressure to build in the Rural District continues to increase and no matter what the official policy may be, there is a growing realisation that life, even in the more densely developed villages seems to appeal to many town dwellers. It is unfortunate that a trait of human nature is such that when certain people arrive in the larger village communities, they give the older residents very little credit, and proceed to inflict their thoughts and ambitions, at times, against the wishes of the majority.

The housing aspect of the District is in a very healthy condition. With the aid of Improvement Grants which this Council have freely implemented since the very inception of the scheme, a considerable number of village properties have been modernised in a delightful fashion. The staff devote a considerable amount of their time to getting the best possible scheme of renovation, and work in close harmony with the architectural profession and the planners.

This year in particular I would like to express my very sincere thanks to my Deputy, the staff and foreman, and all the workmen without whose loyal and conscientious support the work of the Department would not function so efficiently. It is appropriate that I should also refer to the increasing number of occasions that members of the general public tender their thanks to the staff, and express the hope that the new District 6 will be administered and staffed by Officers who are prepared to serve the public in a similar conscientious fashion. Once again I record my appreciation to the Chairman of the Council for all his help and guidance given to me personally and similarly to thank the Chairmen of Committees, and members, for their support, which they freely give in the interests of the District as a whole. To the Medical Officer of Health I also record my thanks for his co-operation and for the advice which he always willingly gives to the Officers.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

G. TEALE.



## **1. WATER SUPPLIES**

### **(a) Private Supplies**

The majority of water samples taken during the year were from private water supplies; that is individual well or bore holes found on the outlying farms and which is the only means of water supply to properties outside the scope of public mains.

The parishes of Nidd, Walkingham Hill and Ripley are supplied by bore holes or spring water which is piped into each house.

Where unsatisfactory samples were found, owners were approached and advice given as to what remedial works were necessary to combat pollution. In the case of farms, the Ministry of Agriculture co-operate and offer grants to the farmers for the purpose of providing a public supply to the buildings which are usually close to the farm. This helps to encourage the provision of a piped supply into the houses.

### **(b) Public Supplies**

For a large and scattered Rural District, the area is well supplied with adequate piped water. Something in excess of 98% of all private dwellings are provided with piped water from public and/or private sources.

York Waterworks Department supply the eastern extremity of the district and villages close to the City of York and the Claro Water Board is responsible for the remainder of the area. There is no risk of plumbo-solvency.

The Statutory Undertakers concerned are always very co-operative if any queries arise as a result of routine water sampling from their supplies. In the majority of cases simple flushing and chlorination of the mains quickly restores the supply to normal.

## **2. DRAINAGE, SEWERAGE AND SEWAGE DISPOSAL**

(a) The Council pursued their original 5 year programme of providing duplicate pumping equipment where only single pumps were installed and the position is now that apart from one or two of the submersible pumping stations, where the pumps are in any event interchangeable, the Pumping Stations are in a more reliable position than they were a few years ago. Most of the electrical systems are so designed that the pumps can be used alternately on consecutive weeks or if the first pump is unable to cope with the flow of sewage then at a pre-determined level a second pump cuts in. The only stations that are not so provided are at Coneythorpe and Roecliffe and it is hoped to proceed with these as staff time permits.

At the Rufforth Works your Consulting Engineers completed a small extension to the Works at a cost of around £10,000 which principally has had the effect of improving the quality of the effluent. A small amount of additional capacity was made available to take other properties but the first two or three Planning Consents for small Estates in the Poppleton area, will undoubtedly exhaust that surplus capability.

Some progress was made in seeking to establish a site for a completely new Works, principally to deal with the villages of Upper and Nether Poppleton, but the Council decided that it would be very advisable to have further Consultations with the Department of the Environment before instructing their Consultants to proceed with that particular project.

It was with some considerable satisfaction that the Council noted that towards the end of the year the Department of the Environment were about on the point of approving the large Scheme for the villages of Killinghall, Hampsthwaite, Ripley and Kettlesing. It was fairly obvious that all their administrative difficulties were reaching finality and when approved there is little doubt that this Scheme will go a long way to speeding up the available Village Plan land at Hampsthwaite.

The Beckwithshaw Sewage Disposal Scheme was approved and the Contract let, and work is now actively in progress to provide a new scheme for this small community.

In spite of the fact that the Council have spent a considerable amount of money in the past in providing up to date Works and sewers throughout the majority of the District some of the more popular villages are now coming under pressure for development and the sewers provided in the immediate past were, apart from a few parts of the District, reaching the limit of their capability, such is for instance Kirk Hammerton. The Council have now instructed their Consultants to prepare further Schemes for the villages of Follifoot, Nun Monkton, Moor Monkton, Hunsingore, Kirk Hammerton and the design work was in hand towards the end of the year.

The developers of some of the private estates are finding it necessary to install submersible pumping stations and in each case after a suitable maintenance period these installations are adopted for future maintenance by the Council.

## **(b) Trade Effluents**

Towards the end of the year an agreement was reached with a new food factory that the Local Authority would accept the partially treated sewage on a pre-payment basis.



The problem of treating farm effluent still exists particularly in some of the smaller villages. The Council have now considered their policy relating to farm effluents and in view of the high cost of the administrative work involved in collecting the charge for the treatment of farm effluent they have now accepted that providing farmers concerned will co-operate by installing settling tanks that there will be no charge made for existing connections. It should be noted, however, that no new connections will be allowed, particularly from the factory type farm unless the farmer is prepared to pay the full economic charge. I have repeatedly advised and the Council are now getting the co-operation of the Planning Authority in not approving under Planning Legislation intensive farm units, unless they are proposed on very carefully chosen sites, well away from dwellings and so designed that they are capable of effectively treating their own effluent.

### **(c) Cesspool Emptier**

A nominal charge is still made for the approved use of the Council's Cesspool Emptier and although something like 97% of the District is fully served by adequate sewers and works, the out-lying properties still rely on this service.

A new 1,000 gallon tanker was placed on order and because of the dual role of this tanker, in dealing with large volumes of sewage sludge from the Council's Works, in addition to emptying private tanks it would seem desirable to retain the old tanker for use on the Sewage Works.

### **(d) Rivers, Streams and Water Courses**

Regular samples of effluent are taken from the purification works by officers of The Yorkshire River Authority. A close degree of co-operation exists between these officers and your own technical staff because a feature of planning consultation is that any proposal that involves discharging sewage to sewers must now be referred to the River Authority.

### **(e) Sanitary Accommodation and Privy Conversions**

Attempts to reduce the small number of dry closets in the more remote parts of the district were maintained, but it is only by persistent persuasion that owners can be encouraged to convert. The majority of such premises are well away from main sewers and in spite of the Council's willingness to contribute 50% towards the cost of conversion, the number of grants taken up was very small indeed. Less than one hundred houses still rely on this primitive form

of sanitary arrangement, but the Council and its officers continue to encourage grants; particularly where premises are occupied by elderly persons. It appears that it is only when property changes hands that the new owner normally renovates the property with grant aid and thus abolishes the pail closet.

### 3. CLEANSING

#### (a) Collection

The complement of refuse collection vehicles is as follows:—

35 cu. yd. Pakamatic	..	..	..	2
25 cu. yd. Fore & Aft Bulk Loaders	..			2
35 cu. yd. Karrier Muskateer	..		..	2

The two older 16/18 cu. yd. Fore & Aft Tippers were phased out and replaced by modern compression vehicles, so that the present fleet are quite modern vehicles and will be an asset on Local Government Reorganisation to the new District Council.

The principal of extending bulk loading service to the larger hotels and catering establishments, has proved to be a very popular innovation. The value is obvious when one considers that the larger container holds the equivalent of at least 15 normal dustbins, but which can comfortably be emptied by a specialist vehicle in 3 minutes.

Since the use of the amenity tipping areas has been widely publicised, I have the impression that the indiscriminate dumping of refuse in the country lanes is not quite the problem it used to be.

Towards the end of the year the Council were preparing to introduce a paper sack or dustbin liner system, throughout the whole of the Rural District. The cost of so doing is estimated at something in the region of £10,000, but there are obvious advantages and undoubted savings in labour.

A lot of the time of your officers was occupied during the year in Survey Work associated with a Works Study Based Bonus Scheme for the refuse collection crews. Several meetings were convened with the workmen and the Union and in spite of the mixed aged groups of the various crews an agreement seems very likely in the next financial year.

Several of the crews are already achieving very good target figures and the scheme will be assisted when one or two of the workmen are due to retire next year.



## **(b) Disposal**

All refuse is disposed of by controlled tipping, principally at the central depot site at Lingerfield and at a similar site at Rufforth which acts as a relief tip for the eastern end of the area. In view of the vulnerability of this tip we again experienced trouble with youths setting fire to the tip and generally creating difficulties.

The Council were still negotiating for the purchase of the old Green Hammerton tip site from the County Council and whilst this site is not used for domestic refuse, it is of considerable help to us in the disposal of large quantities of sewage sludge from the nearby Kirk Hammerton works. A further area of open lake at Lingerfield Depot was reclaimed and the land is now available for tipping.

## **(c) Salvage**

The collection and baling of waste paper and the recovery of other salvageable material is becoming more and more difficult to operate. The practice is subject to serious criticism as to whether or not it is wise to continue this practice.

The income from salvage is divided equally between the Authority and workmen, but nevertheless the amount of money involved seems to be insufficient to encourage the workmen to put in that little bit of extra effort to earn this bonus. The working party on refuse collection recommended that this activity should cease. I am of the opinion that the time is approaching when the Council should give serious consideration to abandoning salvage collection.

## **4. PUBLIC CONVENIENCES, BOROUGHBRIDGE**

In spite of some assistance from the Police we still experience vandalism and at times the cost of repairing the damage is very heavy.

The high cost of converting the penny in the slot locks to decimal coinage persuaded the Council to abolish the charge.

## **5. HOUSING**

### **(a) Existing Houses**

Considering the number of planning applications approved, the number of private houses completed during the year is very small. The high cost of land, together with high mortgage rates and the general increase in the cost of new houses seems to be the main deterrent, but it remains a fact that the greatest pressure from the building fraternity seems to arise in some of the "commuter

villages” where the Council’s sewerage system and/or works are overloaded to the point where the Council have of necessity to refuse further permission. The interminable delay in getting the approval of our proposed new sewerage schemes puts another serious brake on the provision of new private housing. A comprehensive housing survey completed a few years ago gave us a good indication of the general housing state and indicated the number of properties in the district lacking modern amenities. By continuing the offer of standard and discretionary grants at a steady rate the number of houses lacking modern facilities was again reduced.’

## (b) Improvement Grants

Statistics in respect of grants:—

### Discretionary Grants.

Number of grants approved (includes conversions)	44
Number of grants refused .. .. .	2
Number of grants completed .. .. .	44
Total value of grants approved .. .. .	£28,882

### Standard Grants.

Number of grants approved .. .. .	13
Number of grants refused .. .. .	Nil
Value of grants completed .. .. .	£3,674

Since September, 1965, 965 grants have been approved to a total value of £237,510.

I am pleased to report that there were considerably more grants completed than last year and in part this is probably due to the increased maximum grant now payable. It is still a fact that quite a reasonable number of grants are offered to owners and unfortunately not proceeded with.

I have stated in previous Annual Reports that the time involved, not only in site meetings with owners and architects, but in costing out in detail the work which qualifies for grant, occupies a considerable amount of time, not only of officers but also of the clerical staff. I am now insisting upon fully priced schedules accompanying each application. Every effort is made to clear applications as quickly as possible and it is rarely that an application has to wait beyond three weeks before receiving a determination.

## (c) New Houses

Apart from a few individually designed houses built on the more select sites, I again record that the total number of new private houses completed during the year was very small for the size of the



district. In some cases the absence of a finally determined village plan has had the effect of delaying house building, but as previously stated, it is really the lack of adequate sewers and works in the more popular villages which is holding back the speculative builder.

The number of new houses completed was:—

Private Enterprise	..	..	69
The Local Authority	..	..	Nil

Comparative figures for the previous years are:—

1970	Private Enterprise	45	Local Authority	—	(45)
1969	„	74	„	—	(74)
1968	„	124	„	10	(134)
1967	„	119	„	14	(133)
1966	„	90	„	18	(108)
1965	„	142	„	19	(161)

## 6. TOWN AND COUNTRY PLANNING AND BUILDING CONTROL

(a)

Consents issued under Building Regulation control are now dealt with in the department and reported to Council monthly as applications are approved. During the year there was a total of 280 applications approved. The number of partially exempted buildings of a more minor nature, such as greenhouses, sheds and small porches was 67. The speed with which such applications can now be dealt with is very much appreciated by the architectural profession and the builders. It appears that this streamlining of administrative procedure does not operate in many of the adjacent districts.

There were 8 appeals made to the Minister against planning refusal. 4 of the Appeals were dismissed, 1 was withdrawn, 3 are not as yet determined.

The Area Planning Officer virtually completed his study of the needs of the larger villages and settlements so far as village plans were concerned. It is obvious that the principal growth points are in the “commuter villages”; that is the Poppletons and Hampsthwaite. There are many more substantial sized villages where it is necessary to determine to what extent, if any, these villages are to grow, or alternatively remain intact apart from a certain amount of in-filling. In view of the apparent lack of pressure by the Building Fraternity to acquire sites in the majority of villages, and the general economic situation, I cannot envisage that there will be any great increase in district population. Growth plans are already approved for Boroughbridge and Hampsthwaite and whilst the pressure from the builders remains fairly constant so far as Hampsthwaite is concerned, any further building appears to be permanently postponed until the new

Killinghall, Hampsthwaite and Kettlesing sewerage scheme is finally approved by the Minister.

The need to allow further building in the Poppleton area became apparent towards the end of the year. It is my considered opinion that because of its popularity and its urbanised nature, and the fact that schools, shops and other essential services are now able to cope with the quite considerable population of these two villages that the Planning Committee of this Authority should have the courage to agree as a matter of policy to the release of further land. It seems pointless to concentrate on producing village plans for some of the remote villages where the pressure to build is practically non-existent and to ignore the pressure points. Practical rural planning seems to resolve itself at our level of Local Government into a system of continuing to find small areas of land to satisfy the builders' needs in the "commuter villages". Short of providing some form of work incentive I think it is a futile exercise to try to channel newcomers to the district into villages which are neither popular nor convenient to workpeople and are really catering more for the retired person and/or the farming fraternity.

The delegated planning functions which the rural district exercise becomes more and more involved with an ever increasing amount of time having to be devoted to planning matters by your technical and clerical staff. In practice the means do not justify all the effort and time involved, and incidentally the time elected representatives have to devote to planning administration.

The previously approved outline consent granted on land in the Millfield Lane area of Poppleton to establish new industrial sites was the subject of detailed submissions which are now completed and in use. The largest project in that complex was the proposal to establish a new glassworks factory. Due to some change in policy on the part of the company concerned a start on that project was delayed but not abandoned.

Plans deposited under the Building Regulations for approval	280
Applications for Planning Permission (includes withdrawals)	360
Applications under the Control of Advertisements	
Regulations . . . . .	13

In spite of many friendly differences of opinion that emerge throughout the year; which is understandable when one considers the complex nature of planning delegation, the close co-operation of the Area Planning Officer and his staff is very much appreciated. I would like to put on record my personal thanks for the understanding way in which the many aspects of rural planning are dealt with and particularly for the excellent relationship that exists at Officer level.



### (c) Caravans

Caravanners continue to be attracted to this district; in some measure because of the fact that we are close to the National Dales. There appears to be more pressure on the district to establish additional holiday and residential sites. The north-west part of the district is zoned as an area suitable for the planning of such sites because of the high amenity value of the land, particularly in this part of the area. New sites are very carefully investigated before being approved.

There is only one site in the area where the licence permits fully residential caravans and even then the number is limited to 8.

Our largest site is at Roecliffe near the Great North Road and apart from the fact that the site floods in exceptional conditions, no particular difficulties were encountered in maintaining this or any of the other sites in good condition. The remaining sites are small, well screened and quite select. There appears to be a growing need for the provision of an overnight site in the Boroughbridge area, and this matter was under consideration towards the end of the year.

## 7. MEAT AND OTHER FOODS.

### (a) Food Premises.

Premises	No.	Premises which comply with Section 16	No. of Premises to which Section 19 applies	No. of Premises fitted with the requirements of Section 19
Bakehouses ..	2	2	2	2
Butchers' Shops ..	12	12	12	12
Catering premises ..	44	44	44	44
Licensed premises ..	61	61	61	61
Fried Fish Shops ..	6	6	6	6
Wet Fish Shops ..	3	3	3	3
School Canteens ..	3	3	3	3
Grocers' Shops ..	49	49	49	49
Ice Cream Premises	70	70	70	70
Sweets only .. ..	10	—	—	—
Clubs .. .. .	4	4	4	4
Fried Fish Restaurants	2	2	2	2

NOTE.—Some food premises may come under more than one of the above mentioned categories.

The provisions of the Food Hygiene Regulations are enforced by the constant efforts and vigilance of your Public Health Inspectors, but the lack of serious contraventions is really a credit to the owners concerned as well as to the Public Health Inspectors. Standards throughout the district can rightly be said to be of a high order.

Nevertheless, the co-operation of the general public is always appreciated in bringing genuine complaints to our notice.

### **(b) Licensed Premises**

For the more out of the way public houses your Inspectors continued to make representation to the Brewery Companies to improve the toilet accommodation, wherever possible to provide this accommodation within the main building. Generally speaking, the Brewery Companies react favourably but there are one or two little-used public houses where outside facilities remain the order of the day.

### **(c) Butchers' Shops and Slaughterhouses**

Five of the twelve Butchers' Shops in the district have slaughterhouses attached to them but there are a total of seven privately-owned slaughterhouses which fully comply with current Ministry Regulations.

The wholesale slaughterhouse at Hampsthwaite occupies a lot of the time of your Inspectors in carrying out a 100% inspection of all animals slaughtered, which for many years has been maintained at a high level. Your Inspectors are also available, and from time to time are required to carry out inspection outside normal office hours; at weekends and holiday periods. The standard of meat produced is of a high quality and a considerable proportion of it is consumed in the nearby towns of Harrogate and Leeds. It is significant that the throughput of this slaughterhouse is higher than that of some of the neighbouring towns.

We have a reciprocal agreement with the adjacent Urban District Council that when their staff is not available—holiday and sickness—we also carry out their meat inspection control.

All condemned meat is transferred to a central store at Hampsthwaite and removed at regular intervals for efficient disposal by an animal by-products firm. The charge for Meat Inspection Services, which is paid for by the individual butchers, amounted to £464.23.

It is difficult within the limits of existing staff to carry out a 100% inspection of poultry dressing stations. A system is in operation where your Inspectors carry out spot checks, and a detailed examination of all birds held back by the poultry dressers as being in any way suspect. The system appears to work satisfactorily.

Carcases Inspected and Condemned.

	Cattle (Excluding cows)	Cows	Calves	Sheep & Lambs	Pigs	Total
Number killed .. .. .	1780	28	145	5346	5420	12719
Number inspected .. .. .	1780	28	145	5346	5420	12719
All diseases except Tuberculosis and Cysticerci						
Whole carcases condemned .. .. .	—	—	6	4	12	22
Carcases of which some part or organ was condemned .. .. .	119	11	8	52	301	491
Percentage of the number inspected affected with disease other than Tuberculosis or Cysticerci .. .. .	6.68%	39.28%	9.65%	1.04%	5.79%	—
Tuberculosis only						
Whole carcases condemned .. .. .	—	—	—	—	—	—
Carcases of which some part or organ was condemned .. .. .	—	—	—	—	28	28
Percentage of the number inspected affected with tuberculosis .. .. .	—	—	—	—	0.51%	—
Cystercercosis						
Carcases of which some part or organ was condemned .. .. .	4	—	—	—	—	4
Carcases submitted to treatment by refrigeration .. .. .	—	—	—	—	—	—
Generalised and totally condemned .. .. .	—	—	—	—	—	—



#### (d) Milk Supply

Sampling of untreated milk continued as in previous years, from the farms producing such milk and an arrangement exists with the County Council Milk Sampling Officers to take regular group samples from all cows in such group herds. If and when samples are found to be suspect then individual samples are taken from each cow in the herd in order to eliminate the offending cow. Where individual samples prove positive on culture the affected milk is subject to a Heat Treatment Order unless the animals are withdrawn and suitably disposed of.

By this arrangement with the Officers of the County Council it is hoped to avoid repetitive sampling between our own staff and the County Council.

### 8. PREVENTION OF DAMAGE BY PESTS ACT, 1949

Inspections carried out:

Land and works under the jurisdiction of the Local							
Authority .. .. .	..	..	..	..	..	..	138
Private Dwellings .. .. .	..	..	..	..	..	..	685
Business Premises .. .. .	..	..	..	..	..	..	178
Farms .. .. .	..	..	..	..	..	..	217

Initial visits were made as follows:

Local Authority properties and land .. .. .	..	..	..	..	..	..	27
Dwellings .. .. .	..	..	..	..	..	..	216
Business Premises .. .. .	..	..	..	..	..	..	55
Farms .. .. .	..	..	..	..	..	..	42

The part-time Rodent Officer continued to carry out inspections and treatments within the limit of time available. It should be noted that in the case of contracts with individual farmers, this service operates at a considerable loss to the Council, although it is accepted that the object of the service is not to make a profit but reduce the rodent population by any means at our disposal.

Nevertheless, it is becoming obvious that with the high cost of carrying out contract work the Council may have to consider increasing the price. All domestic premises are given a free service on request, or as a result of an infestation being traced to a private house. It is interesting to note that whereas the mouse is almost immune to the formulation used for the rat, we have had considerable success in reducing the mouse population by the use of the latest narcotic rodenticides. The income from Rodent Control amounted to £426.36.

In order to deal with the growing incidence of rodent infestation on agricultural land, in some cases well away from the farms, such as hedgerows and close to farm dumps, we have now purchased and



regularly use gassing equipment. Refuse tips are regularly baited and in only one or two cases has there been any degree of infestation. All sewerage systems are regularly inspected and if any evidence of rodent infestation is found then baiting automatically takes place in that section of sewer. The vibration and noise in systems employing pumps has a deterrent effect on rodents.

## **9. NUISANCES**

Apart from the usual number of minor nuisance complaints which are normally dealt with quickly there were no particular problems. One nuisance from smell occupied a considerable amount of time investigating complaints of a smell at an intensive poultry broiler house unit. It is unfortunate that since the original planning permission was granted for this unit new bungalows have now been built close to it. Whilst the Management have made efforts to reduce the overall nuisance effect, depending on the weather conditions and certain human failures, the complaints still persist. Legal and statutory action was seriously considered to try and mitigate this nuisance and several meetings took place with Senior Management to find a permanent solution to this problem. In my opinion this nuisance will not be resolved until some alternative use is found for the buildings. The Area Planning Officer and his staff now appear to be fully alive to the possibilities of persistent nuisance from such units, unless at the planning stage they can be sited well away from residential property. The disposal of waste material from such units is in itself a continual problem and gives rise to the possibility of complaints where this material is spread on land close to the village communities.

## **10. PETROLEUM CONSOLIDATED REGULATIONS**

Officers of the County Fire Service have for the past few years assisted in the examination of plans and subsequently supervising works in progress in connection with new petroleum installations. They have also assisted in an annual review of all licensed premises, but have now indicated that these functions are really the responsibility of the Council and in view of their many other commitments they have asked if in future the Council can undertake this work with their own officers. This will obviously put more strain on the outside staff, particularly when one realises that there are now 70 installations for the storage of petroleum spirit, the majority of which have underground tanks.

No particular problems were encountered.

11. CLEAN AIR ACT, 1957

Only one property in the rural district gave any trouble and this was found to be due to utter disregard for normal boiler-house technique. Otherwise no problems arose from atmospheric pollution

12. REQUISITION FOR OFFICIAL SEARCH

When property is changing hands and for certain other purposes, the Lawyers concerned serve notice on the Local Authority enquiring what, if any, notices are outstanding against a property, whether it is affected by planning proposals or highway requirements and whether it is satisfactorily served or capable of being served by a sewer.

If proper plans accompanied each application for identification purposes a considerable amount of staff time could be saved rather than trying to trace an obscurely described property. There were 540 searches on the department which represented an increase of 49 over the previous year.

13. FACTORIES ACTS, 1937 to 1959

Where plans are deposited for Building Regulation approval in connection with new factories or extensions to existing factory premises they are referred to H.M. Inspector of Factories and the local Divisional Fire Officer for their observations. Consents are issued subject to compliance with their recommendations.

The following table represents the principal sections of the Act which are administered by the Local Authority and the number of inspections carried out.

PART I OF THE ACT.

Inspections for purposes of provision as to health  
(including inspections made by the Public Health Inspector).

Premises (1)	Register (2)	Number of		
		Inspections (3)	Notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections, 1, 2 3, 4 and 6 are to be enforced by Local Authorities .. .. .	3	10	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. .. .	54	47	3	—
(iii) Other Premises in which Section 7 is enforced by the Local Au- thority (excluding out-workers' premises) .. .. .	4	4	—	—
Total ..	61	61	3	—



### Cases in which DEFECTS were found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	Referred By H.M. Inspector (5)	
Want of cleanliness (S.1)	1	1	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) .. ..	—	—	—	—	—
Inadequate ventilation (S.4) .. ..	1	1	—	—	—
Ineffective drainage of floors (S.6) .. ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ..	1	1	—	—	—
(b) Unsuitable or defective ..	1	1	—	—	—
(c) Not separate for sexes .. ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) .. ..	—	—	—	—	—
Totals ..	4	4	—	—	—

### PART VIII OF THE ACT.

#### Outwork

(Sections 110 and 111).

Nature of Works (1)	No. of outworkers in August list required by Section 110 (1) (C) (2)	No. of cases in default of sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel Making etc. cleaning and washing	1	—	—	—	—	—
Total ..	1	—	—	—	—	—

#### 14. OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

This Act has not proved particularly difficult to administer in this district, primarily because of the relatively small number of premises requiring registration.

What is difficult for your Inspectors is to try to keep up-to-date with the very considerable volume of instructions, amendments, and interpretations in connection with all aspects of the Act and it is almost a physical impossibility to do so. H.M. Inspector of Factories is still responsible for premises coming within the scope of the Factories Act and similarly H.M. Inspector of Mines and Quarries for all quarry workings.

#### REGISTRATION AND GENERAL INSPECTIONS.

Class of premises	Number of premises registered during the year	Total number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices .. .. .	1	20	8
Retail Shops .. .. .	2	38	20
Wholesale shops, warehouses ..	—	2	1
Catering establishments open to the public, canteens .. .. .	—	15	15
Fuel storage depots .. .. .	—	—	—

#### 15. PUBLIC SWIMMING BATHS

Samples of pool water are taken from time to time and submitted for analysis although all the pools within the district are supplied with mains water and fitted with satisfactory pressure filtration and chlorination apparatus.

There are no public swimming baths but one of the larger hotels opens its privately owned pool to the public during the summer months and there are, of course, several learner pools attached to some of the larger schools. A few pools are in use exclusively for the use of private dwellinghouses.

#### 16. ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

All registered premises are inspected and kept under surveillance, particularly prior to the time when the annual licences are renewed. Because of certain difficulties encountered at one particular establishment and where the services of the R.S.P.C.A. were enlisted, the Council sought the advice of a local Veterinary Surgeon to inspect and report on all such premises before the next annual licences are considered for renewal.



General Statistics 1971.

Parishes	Acreage	Council Houses	Farms and Agricultural Holdings	Business Premises with living accommodation	Private Houses	Total Dwellings	Population at end of 1971	Dwellings on piped water
* Allerton Mauleverer-with Hopperton ..	2,282	—	9	2	17	28	80	24
* Arkendale ..	1,604	8	20	2	28	58	168	58
* Boroughbridge ..	3,751	173	59	50	443	725	204	725
* Brearton ..	1,565	—	16	1	30	47	137	42
* Burton Leonard ..	1,797	20	21	7	142	190	549	190
* Cattal ..	1,126	—	10	—	31	41	119	38
* Coneythorpe-with-Clareton ..	808	—	9	1	3	13	38	11
* Copgrove ..	861	—	4	—	20	24	70	21
* Dunsforths ..	1,407	—	24	1	8	33	96	32
* Farnham ..	1,043	—	10	1	31	42	122	42
* Fellcliffe ..	2,628	—	40	4	48	92	267	79
* Ferrensby ..	424	12	11	2	31	56	163	56
* Flaxby ..	718	4	4	—	22	30	86	28
* Follifoot ..	1,457	28	13	2	121	164	470	160
* Goldsborough ..	1,787	10	11	2	64	98	263	98
* Great Ouseburn ..	2,133	38	20	10	83	141	409	139
* Great Ribston with Walshford ..	1,935	—	6	1	30	37	107	35
* Green Hammerton ..	1,206	51	12	3	115	181	572	180
* Hampsthwaite ..	1,138	45	27	8	223	303	877	303
* Haverah Park ..	2,246	—	6	—	5	11	32	11
* Hessay ..	1,256	6	16	—	21	43	125	41
* Hunsingore ..	1,159	4	7	2	30	43	125	40
* Killinghall ..	2,945	64	34	10	614	723	3,097	723
* Kirby Hall ..	427	—	2	—	8	10	29	8
* Kirk Hammerton ..	1,089	31	19	9	113	170	493	167
† Knapton ..	869	—	8	1	82	91	248	91
Carried forward ..	39,661	494	418	119	2,363	3,394	10,951	3,343

General Statistics 1971 (continued).

Parishes	Acreage	Council Houses	Farms and Agricultural Holdings	Business Premises with living accommodation	Private Houses	Total Dwellings	Population at end of 1971	Dwellings on piped water
B/forward	39,661	494	418	119	2,363	3,394	10,951	3,343
*Knaresborough Outer	1,406	—	6	—	16	22	64	22
*Little Ouseburn ..	706	14	11	3	35	63	181	62
*Marton-cum-Grafton	2,474	24	52	4	45	125	363	125
*Moor Monkton ..	3,069	4	26	4	37	71	204	67
†Nidd ..	1,204	2	6	2	28	38	112	38
*Nun Monkton ..	1,776	10	14	2	56	82	223	78
*Pannal (Beckwithshaw)	2,193	10	35	4	47	96	279	90
*P'ompton ..	1,911	—	11	—	23	34	99	32
†Poppleton Nether	1,285	51	13	3	434	501	1,448	490
†Poppleton Upper..	1,401	54	13	8	634	709	2,058	698
†Ripley ..	1,643	—	10	4	50	64	186	64
*Roecliffe ..	1,862	8	17	2	45	72	210	70
*Rufforth ..	2,466	21	23	3	31	159	158	159
*Scotton ..	1,129	19	27	2	106	154	441	152
*Scriven ..	832	4	10	1	58	73	205	72
*Stainley-with-Cayton	2,131	8	18	1	21	48	133	45
*Staveley ..	1,425	38	19	3	69	129	374	127
*Thornville ..	264	—	1	—	6	7	20	5
*Thorpe Underwoods	2,246	4	13	—	8	25	71	24
†Walkingham Hill-with								
Occaney ..	427	—	2	—	7	9	26	—
*Westwick ..	422	—	2	—	—	2	6	1
*Whixley ..	2,375	63	44	6	77	190	802	177
*Widdington ..	701	—	3	—	—	3	9	2
Totals ..	75,009	828	794	171	4,238	6,031	18,819	5,905

N.B.—\*Claro Water Board  
†York Waterworks  
‡Private piped supply





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